Valuing carers in Southwark

Southwark Council and NHS Southwark Clinical Commissioning Group (CCG) have been working together to see how we can better meet carers’ needs. We want to help carers support themselves to lead fulfilled, independent lives, while still continuing with their caring responsibilities.

This draft strategy sets out how we propose to do that.

We need your help

This is not the final strategy. We want to know what carers and other key stakeholders across the NHS and the council think about these proposals. Your views will be incorporated into a final strategy and will help us shape the plan of action.

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A better future for Southwark’s carers

Carers make a vitally important contribution to our society. Every day, across the country, thousands of people willingly give their time, energy and strength to look after vulnerable loved ones and neighbours.

Too often unseen, their role comes with responsibilities and complex emotions hard to fully comprehend until we are asked to be, or become reliant on, a carer ourselves. Yet without them, our care system would be unrecognisable.

In Southwark, over 21,000 people have caring responsibilities, including some 2300 young people. A very real sense of satisfaction can be drawn from the role of caring for someone and carers often feel a deep sense of pride and enjoyment from this responsibility. We do however recognise that caring often has a significant impact on the health, wellbeing and independence of the carers themselves. Too many carers are unaware of, or perhaps are reluctant to ask for, available support. Indeed, the support currently offered may not meet their needs.

We have an moral and statutory duty to support vulnerable people and their carers. As we deal with an ageing population and longer life expectancies more than ever we need to support to people to live in their own homes and communities as long as possible, in line with what people say they want. When people take on this deeply important role, we in Southwark Council and Southwark CCG are determined to ensure that they receive all the support they need to feel fulfilled, independent and healthy.

Over the last few months, we have been working with carers and partners to see how we can support our carers better. We have drafted a three year plan, which sets out how we will work with stakeholders, develop the range and quality of our services and ensure that all residents, including our many young carers and elderly carers who themselves may be vulnerable, are getting the support they need.

We now need to hear your views on this proposed plan. Whether you are a carer, are cared for or simply want to be part of shaping the council’s future strategy, we invite you to read this document and share your thoughts by filling in the questionnaire.

It is a key priority for our borough that carers are able to nurture their own selves as well as look after their loved ones. We look forward, with your help, to making this a reality.

Catherine McDonald, Cabinet Member for Health, Adult Social Care and Equalities
Dr Amr Zeineldine, Chair of NHS Southwark CCG
Our aims

Carers are central to how adults and children are provided with support in the borough. Research done by Carers UK shows that more and more people in Southwark need care, due to an ageing population and pockets of poor health locally. Nationally over the last ten years, the number of carers has increased by 11 per cent\(^1\) and is expected to grow by 60 per cent over the next 30 years\(^2\). So, it’s very important that we get our plan for the years ahead right. We want to make sure we can improve and develop existing services and identify where we may need to invest further resources to achieve this.

Caring can be very rewarding but it can also take a great personal toll on the carer themselves. While many carers continue to juggle work with their caring responsibilities, nationally 45 per cent report having to give up work and 61 per cent have experienced depression\(^3\). Many report that their caring role can cause problems with their relationships with friends and family. It shouldn’t be like this.

There are some specific local issues that we especially need to look at:

- Many carers in the area who may need our support, advice or some other assistance are not known to us. Some do not identify as carers or use the support that is available. Black and minority ethnic (BME) carers and those caring for people with complex conditions particularly are likely to be unknown to us.
- Some Southwark carers are of working age, but because of their caring responsibilities they have had to give up careers and don’t work.
- There are many young carers in Southwark. These are often school age children who are taking on caring responsibilities for parents, siblings and relatives. They do wonderful work but we don’t want them to miss out on a proper childhood.
- This plan has been created to show how we will work with carers to transform our services, so that carers can take more control of how they are supported.

These are times of severe financial pressure and as always we need to make sure that the money we spend is targeted in the right way to provide value for money and the best outcomes.

Our vision is that Southwark’s carers are recognised, supported and able to shape the support that they receive.

Over the next three years, our services will be redeveloped so that carers don’t only have support to develop the skills and resources to take control of their caring role but, just as importantly, they can lead their own lives, follow their own aspirations, and feel fulfilled.

Southwark Council and the CCG will work together to make sure that we are delivering the outcomes this plan describes.

Who is a carer?

Carers are people who support members of their family, friends or neighbours on an informal basis and without financial reward. There are a wide range of carers in Southwark, from the parent looking after a disabled child, (though not parents of children generally), a young person helping care for a parent or sibling with a long
What we currently do

Recognising that carers may need advice and support to help them in their caring role and to support carers to look after their own health and well-being, the council has continued to invest resources in a range of services, including the commissioning of Southwark Carers, to provide a range of services that:

- Ensure carers have access to advice, information and a single point of contact for support.
- Services for carers are personalised, including the allocation of personal budgets.
- Carers can get outcome-based assessments of their needs and support with planning around how to meet their needs.
- Promote carer self help and peer support with the focus on carers maintaining their independence.
- Support carers to have a life outside of the caring role.

The draft strategy does not propose any removal of support. Instead, it seeks to enhance and improve support for carers and we want all our services, across the council, to be able to recognise and address the needs of carers, where appropriate.

Our priorities

These are our priorities for the next three years:

- Identify and reach more carers, early in their caring role, offering the right information and support in the right way.
- Support carers’ physical and mental health and wellbeing.
- Help carers to have fulfilled lives beyond their caring responsibilities.
- Make sure carers have choice and control over the services they use.
- Support young carers and protect them from any caring that harms their wellbeing and development.

The Care Bill

National policy has also helped to shape this strategy. The Care Bill is currently going through parliament. It sets out increased responsibilities for the council and health services and gives new rights to carers. The strategy anticipates these changes, so that both the council and the CCG can effectively meet their responsibilities to local carers and will be able to adapt to remain in line with any final changes within the Act once it is passed.

Carers in Southwark

We wanted to know more about who is caring in the borough and what they feel about their role and the support they get. Carers UK was asked to research the situation of carers in Southwark and the support available to them.
Carers were asked about their experiences of both services specific to their caring responsibilities and wider health and social care. They were asked what they need so that they can continue caring while staying healthy and independent.

These are the key findings about who is a carer in Southwark:

- 21,000 people in Southwark\(^v\) (more than one in 14 of the local population) care on an unpaid basis for friends and members of their family who are ill, frail or disabled.
- More than 2300 of them are 24 or younger\(^v\).
- 40 to 50 per cent provide more than 20 hours care per week\(^vi\).
- One in four provides care for more than 50 hours per week.
- Carers make a contribution economically; for some people without the support a carer provides funded care may be necessary. The unpaid hours they work roughly comes to about £471 million though obviously the full impact of what they do is unquantifiable.
- Carers tend to be women\(^vii\), with the gender difference increasing with age.

We are seeing many older women, who can be frail themselves, looking after their partners and families. Older carers are more likely to experience poor health than those of working age\(^viii\), as are people looking after someone with a mental health condition and people belonging to ethnic minorities.

Across the board, both nationally and in Southwark, carers give so much yet are more likely to experience health problems than the general population. The most common health problems are depression, stress, physical strain or injury.

Carers have said they would like to be recognised and supported as carers in health settings, such as GP practices and hospitals. This would help them not only improve their understanding and management of the needs of those they care for, but make it easier to discuss their own needs. A significant proportion of carers have said they prefer to get information, advice and support in these settings.

There are lots of different caring groups, with their own specific needs:

- **Hidden carers**
  Of Southwark’s 21,000 carers, at least two-thirds are not known to the local authority, NHS or other support services. This means they are not accessing available support, either because they do not know it is available or because they feel the support we currently offer is not right for them; they may be worried their choice and control will be limited or because some seek support from elsewhere.

- **Working age carers**
  Most carers in Southwark are of working age. Many either work or want to work. Caring can have financial implications; so as well as improving mental wellbeing, paid work can reduce the negative impact of caring.

- **Older carers**
  The local population of older carers\(^ix\) is growing. Many carers of the future are likely to be in this age group. These carers have their own health and support needs which can affect their ability to continue in their caring roles.
• **Carers of people with complex conditions**
  Significant numbers of local carers providing complex support (such as carers of children or adults with disabilities who have challenging behaviour) rarely, if ever, use the advice and support available, either from the council or the voluntary and community sector.

• **Black and minority ethnic (BME) carers**
  Research and discussions with carers has suggested that some BME carers face specific barriers to finding the support they need. This may be because of cultural and language differences and the settings in which services are currently provided.

• **Young carers**
  Children and young people often don't identify themselves as carers. Locally, many are of school age and do not necessarily access the services available. At the same time, many consider that the level of care which they are expected to provide is increasing. These young people may not be able to fully enjoy their childhood, while their education and long-term hopes can suffer.

We want to help all these groups of people access the available support, so that they can get the most out of their lives. Whether it’s the teenager able to go to an afterschool activity instead of rushing home, the mother able to return to the job she loves or maybe even a carer getting time to rediscover their favourite hobby, everyone deserves to do what makes them happy.

It’s really important that this plan is built around the views of carers themselves. Carers know what they need and how best they can be supported. This is a new way to work with carers. It will mean they take the central role in shaping how we provide services and what services are offered.

### 2. Connecting with carers

**What do carers want?**

It is very important that carers have a loud voice in Southwark – they are looking after some of the most vulnerable people in our society, so we need to hear their views, not only about their experiences but also their views on local services more generally.

While most carers are satisfied with local social services overall⁶, they have also told us that⁷:

- Many go without support for some time, because they do not see themselves as carers and are not identified as carers by health and social services.
- They often feel that they have no choice about whether to care and to what extent.
- They want good quality, reliable and flexible services for the person for whom they provide care.
- They need co-ordinated health and social services which treat them as partners in planning and providing support for the person for whom they care.
- They need reliable, easily accessible information and advice.

Case study
“We’d always tried to take care of her ourselves and we didn’t know the support that was out there. We were brought up to take care of our own as best we can and so that’s what we tried to do. We’re not the type to demand help. No one ever said to us, you need a social worker to get benefits. It felt like because we weren’t problem parents we were left to slip through the cracks.”
Keith

**Reaching out to carers**

As has been described already, lots of Southwark carers, for a range of reasons including generational and cultural differences, either don’t know about local services or do not use them. Nationally, 65 per cent of people with caring responsibilities don’t identify themselves as carers in the first year of caring, with a third not doing so for five years.

For many, the first time they are in touch with carer services only takes place once they have reached breaking point. It can quite often result in emergency support and hospital or residential care.

It is really important that we start a conversation with carers as early as possible, when they first start taking on caring responsibilities. We want them to know that what they are doing makes them a carer, and so, if they want it, support is available. People shouldn’t feel that they have no choice but to shoulder these responsibilities without help; they shouldn’t feel alone – because they aren’t.

**Helping Southwark organisations work better together**

Lots of carers say that when it comes to getting support, they work with lots of different organisations. It can be confusing for them. 35 per cent of carers nationally believe that they have been given the wrong advice about the support on offer.

There have recently been changes to how the NHS works which we hope will make it easier to get the various organisations and agencies in Southwark working together.

**Making the most of our resources**

Over the last few years there have been unprecedented cuts from central government. We have to be certain that we are getting the right resources to the right people, at the right time.

Though resources are limited, we have to make sure that those in the most challenging situations are getting extra help. Where existing support is not appropriate, we must make sure that people are not being left alone but are directed to the right advice and community organisations.

Clear carer assessments and eligibility criteria will be used to decide what support is needed beyond universal services. These will be developed in line with the changes proposed in the Care Bill.

We know carers with high need include:
- Carers working with people with complex and long-term conditions, such as mental illness, autism and learning disabilities. These carers are at high risk of their health suffering as a result of their caring role, potentially meaning that they can't continue to offer care.
- Caring groups whose number and needs are set to increase, such as older carers, as people are living longer.

**We propose to:**

- Put together a programme to make contact with hidden and hard to reach carers and make sure they are aware of the support that is available to them.
- Not wait for carers to come to us. We’ll go out to where they are likely to be, including GP surgeries, hospitals, pharmacies, advice centres and community and faith groups – raising awareness and reaching out to people in a caring role.
- Carer Health Development Workers will be recruited to support the identification of carers in primary and secondary health settings. They will help us train our health and social care staff to better identify carers and start those conversations with them regarding their support needs. Carer Health Development Workers will also ensure effective liaison between services and signposting carers to the services they need.
- Create an online support pack and alert for GPs so that they can signpost carers to relevant services.
- Improve how we gather and keep information on who in the borough has caring responsibilities, so we can tailor how we work with them.
- Develop new and existing services to meet the needs of carers with complex needs, such as the Centre for Excellence for Older People.
- Agree with local carers and other partners how to develop, commission and evaluate local services together.
- Make sure the work of Southwark and Lambeth Integrated Care (SLIC) recognises and supports the important role carers have in supporting people with long term conditions.

**3. Health and wellbeing**

Carers tend to suffer worse health than the general population. Their responsibilities are physical, often relentless and can be very emotionally draining, especially if the person they are looking after is dealing with pain or emotional challenges. All this means that carers are twice as likely to experience poor health as non-carers.

The most common health problems are stress, depression, back injuries and chronic disease. Their health can affect not only their own lives, but also those of the people for whom they care.

Carers also often report feeling isolated and socially excluded. This is particularly true of older carers, who are also more likely to have health and mobility problems of their own. All of this, in turn, can affect their ability to continue in a caring role.

Carers have told us that they need:
• Support and advice to understand and manage both the health conditions of the person for whom they care and their own health conditions.
• Support to reduce the negative impact caring has on their family and other relationships, including the person for whom they care.
• Access to flexible, high-quality breaks and respite, confident that specific needs of the person for whom they care are being met.

Case study
“Being a carer definitely affects my health. I had health issues anyway but it made me more unwell. My daughter’s effect on the house proved difficult. It provoked arguments and bickering between us all. There was a lot of distress and discomfort, to the point where we would have blazing rows. I’d be trying to be the peacemaker and it wasn’t working. I just couldn’t take it and it caused a breakdown. I got high blood pressure when she was diagnosed, gastric reflux, diabetes. I was the main carer and I needed to help my daughter but it was really hard on my whole family.”
Pauline

Supporting carers to stay physically and mentally well

Many carers would like to receive advice and support in places like GP surgeries, hospitals and other healthcare settings, since they are more likely in the course of their role to visit those places. These visits are an opportunity not just to look after the health of the person being cared for, but to help the carer the presenting opportunities for both general health promotion and specific support for carers to be able to manage their own care as well as that of the person they look after. This is particularly relevant for long-term conditions, which are more prevalent in Southwark than the national average.

We also want to help carers be aware of their health needs and take action when their health is suffering. As well as helping themselves and improving their wellbeing; this could help relieve the pressure on health and social services and reduce hospital admissions.

Awareness of the support that is available for carers is fairly low amongst local health service staff, so we need to improve this.

Integrated care

We work with the Southwark and Lambeth Integrated Care programme, which is a joined up approach to providing healthcare that helps people by getting organisations that provide support – like GPs, hospitals, the council, – to work together.

When someone requires care, we want to make sure that they are not having to explain their needs to lots of different people. If we all work better together, we can give people better care at home and in the community rather than in hospital.

A life outside caring

Like everyone, carers need a life of their own, separate from their day-to-day responsibilities. For many this includes having a job or being in education or training.
Most carers also feel that time off from their caring responsibilities would make the difference between being able to continue caring and having to give it up. Respite care allows carers to take a break. It needs to be flexible, ranging from breaks away from home to leisure activities to assistive technology and telecare support (caring for people remotely, for example by fitting panic alarms in the home).

Respite for young carers is likely to be different to that for adults, so care needs to be tailored each individual.

Above all, carers need to be able to have confidence that the care provided in their absence for the person they look after is to their own standard.

Case study
“I find some of my friends have dropped of over the years, because I can’t go out to the cinema or pub like I used to. Its isolating and I know from a lot of carers it’s hard to start again. You want to go out but not have to talk about being carer all the time, you want to explore different interests.

It’s really important to have your own life. You can’t be a carer 24/7 or you’ll melt down. You can feel guilty leaving your partner for that length of time but you have to have time for yourself or else you’re not doing good for the person you’re caring for. The respite care provided by Southwark Carers really helps.”
Dan

We propose to:

- Fast-track carers to Improving Access to Psychological Therapies (IAPT) services, in recognition of their high levels of stress and depression.
- Offer carers health checks at their GP surgery.
- Review our emergency response services, such as Enhanced Rapid Response and Southwark Night Owls, to ensure that they understand and respond to the needs of carers.
- Evaluate the effectiveness of the local wellogram programme for carers and implement any recommendations for improvements.
- Develop the provision of telecare locally.
- Offer more flexibility for carers to take breaks and participate in activities in the community, supported by the right respite care. This would include through one-off direct payments.

4. Choice and control

Southwark carers are very diverse. They’re all ages, come from all walks of life and are part of different communities. Each carer should get the support that is right for them and have a right to have their needs assessed – and different people’s needs are as diverse as the carers themselves.

Carers have told us that:

- They want choice and flexibility in the support they receive.
- They are not involved enough in making decisions.
• Their expertise is not recognised enough.
• More could be done to take the needs of their families into account in the assessment, planning and delivery of care.

A carer’s support should be personalised, so that they have choice and control over the services they use. Their support choices should be those best for them to support both their caring responsibilities and their lives outside these.

**Personal budgets**

Personal budgets will offer carers greater choice and control over the specific support they receive, while making the most effective use of resources. Carers themselves are in charge of what their support budget is spent on; we call this ‘self directed support.’

Some carers already receive personal budgets, which they can manage themselves. With these personal budgets, they can commission the services that are most helpful for them and pay for them directly. We want to help as many eligible carers as possible get personal budgets.

For those without a personal budget we will ensure that general support, information and advice is better suited to carers needs.

**Taking control: personalised care**

As part of the move towards self-directed support, those eligible for help can choose how their personal budgets are spent on the support they need. Carers may buy (or commission) these services directly from the organisations providing them. They may also be offered specific support, like counselling.

There has already been progress to personalise local carers’ services. Personal budgets paid to carers are being reviewed to make sure that, in particular, those in greatest need receive the necessary level of support. There also should be a strong focus on and investment in prevention, early intervention to minimise crises and community-based support for carers.

**Case study**

“We tried for years to get support for ourselves and our daughter and it was only when we got in touch with Southwark Carers that something happened. We kept on getting told that someone would help but it just didn’t seem to happen. It took ages until someone sat down and took notice of what we were saying and by that stage, things were really bad. My daughter has had about 6 or 7 different people working with her in one year, but no one ever properly got involved. It was always starting from the beginning.”

Keith

**Developing the market for carer-specific services**

Personal budgets mean that people can choose and commission different support services themselves. We need to make sure that providers of these services, such as voluntary sector organisations, are offering:
• A range of high-quality services for individual carers to use and commission.
• High-quality universal services, available to all local residents without assessment, including health, transport, education, housing and leisure.

Given the broad scope of their role, many carers are likely to need a mix of specialist support. That means services which are specific to carers, as well as universal services all residents can access.

Helping carers to connect with the universal services they need is also important in promoting prevention. Current proposals include:

• Partnering with local organisations providing services relevant to carers, such as leisure centres and laundry services, to offer discounts or promotions to those registered with them.
• Offer carers discounts or promotions for carers using at local services.
• Offering more and better online advice about self-directed care.

Helping people choose and commission support

Carers who have personal budgets may need support in planning and buying their own care and in managing direct payments.

Local support that exists already includes My Support Choices, an online guide to community services, Southwark Carers, Action for Children, KIDS and Southwark Circle, a membership organisation for the over 50’s. Health and social care staff have an important role to play not only in giving information and advice, but also in referring carers to relevant services.

We propose to:

• Review how personal budgets and direct payments are offered to local carers, to make sure there is a strong focus on more choice and control and support to maintain or improve their wellbeing.
• Promote awareness of personal budgets amongst those receiving continuing health care, including people with dementia and their carers.
• Improve and promote access for carers to a range of mainstream services.
• Continue to explore the use of the council created ‘Innovation Fund’ to provide one-off grant funding to stimulate the market.

5. Economic wellbeing

The finances of carers and their ability to work, or study, can be really affected by their caring responsibilities, as we have already shown.

• Around seven in ten carers nationally report being worse off financially as a result of these responsibilities xv.
• More than 80 per cent of carers in Southwark are of working age xvi.
• Almost half who don’t work give their caring responsibilities as the reason for not being in paid work xvii.
More than one in ten carers are forced to give up work altogether, with many others working less than they would like\textsuperscript{xviii}.

Overall, carers are less likely to be employed than the general population.

There is a strong link between caring for more hours (over 20 hours per week) and economic inactivity.

In Southwark, carers providing 50 or more hours of care per week are more than twice as likely not to be in work\textsuperscript{xix}.

One of the most effective ways of providing support - and a national priority - is helping carers to stay in or return to paid work and, where relevant, education and training. This also reflects two of the priorities within the Southwark Economic Wellbeing Strategy, which aims to promote financial wellbeing and independence and narrow the gap with the London employment rate.

Many local carers have told us that they want to work, but need support to be able to do so. They have also highlighted the need for reliable and easily accessible information and advice about finances and benefits.

**Changes to benefits**

There have been big changes, introduced by the government, to how benefits are delivered. These include the introduction of universal credit and the benefit cap, which is having a direct impact on many carers’ financial situation. Changes to move people from Disability Living Allowance (DLA) to Personal Independence Payments (PIP) can have an indirect impact on carers if household income is reduced. Changes to housing benefit may also impact on carers; under new government regulations having a spare room will be seen to be ‘under occupying’ a property. This results in a reduced rate of housing benefit, though to maintain their wellbeing a carer may feel they need a spare room where feel they cannot not share a bedroom with a partner due to their care needs. At the moment, many carers in Southwark do not take up Carers Allowance\textsuperscript{xx}.

It is important that Southwark carers are aware of the changes to benefits and how they may be affected. They also need to know what options and support is available for their individual circumstances. This will help them understand what action they can take to reduce any potentially negative effects.

**Working age carers**

When carers get the help they need to stay in or return to work, it can make a big difference to how they feel about themselves and their general mental wellbeing. Carers who can work are also better able to avoid financial hardship and reduce the impact caring has on their finances.

Until now, the focus has mainly been on promoting flexible working for carers to local employers. However there is other support we could be giving for eligible carers who want to stay in or return to work and we want to understand better what would help carers stay in or return to work.

**Case study**
“My partner had a major stroke and has no use of his right side. At the time, I was working full time in television, but working full time in that environment and caring for him just proved too much so I had to leave. I hoped to get part time work and I have found some. The salary isn’t what I’m used to but I’m a saver. It is difficult at times.”

Dan

**What we propose to do**

- Develop and support Southwark Employers for Carers forum, providing advice and information for local employers.
- Create an online information hub for working age carers and employers
- Develop and ensure the use of clear, consistent employment practices relating to carers in the local authority and NHS, encouraging partner organisations to adopt these.
- Encourage carers to identify themselves to their employers to help us inform and influence employers’ response to carers.
- Promote the activities which support carers to stay in or return to work, education or training throughout the borough.
- Review the options, including replacement care, offered to carers who want to stay in or return to work, education or training
- Support the development of paid and/or voluntary roles for carers in the borough which build on their existing skills
- Develop the support offered by Job Centre Plus to help carers into employment.

**Young carers**

Despite their age, many young carers in Southwark look after some of the most vulnerable people in the borough. The demands which this places on them can have a long-term impact on their health, wellbeing and prospects.

- There are 2100 young carers in Southwark.
- Certain communities are more likely to have higher numbers of young carers; those from BME communities – and for whom English is not a first language – are twice as likely to be young carers.
- Approximately 350 children up to the age of 17 provide care for more than 50 hours a week.
- Young people in London who provide some level of unpaid care are more than twice as likely to report their health as “not good”.
- Nationally, young adult carers aged between 16 and 18 years are twice as likely not to be in education, employment or training.

As a direct result of their caring responsibilities, these young people are likely to miss out on opportunities and pleasures other children and young people can take for granted. From school to social events to simply having time and space to develop themselves and their hopes, too many of our young carers are not able to enjoy the childhood every child deserves.
Preventing caring that harms young people

Our joint Children and Young People’s Plan reflects the need to protect children and young people from inappropriate pressures, including caring, and to provide the support they need to thrive and lead a safe and healthy life. To develop it, we listened to the views of local children, young people, parents, carers, staff and practitioners.

Support for young carers is currently provided by Action for Children and KIDS Siblings. We have increased investment in these services to broaden their range and scope. Southwark Young Carers Group provides specialist support to young carers with mental health needs.

Seamless care: support as children become adults

As young carers move from childhood to adulthood, the transition in their support needs to be smooth and easy.

Carers between the ages of 18 and 25 face specific problems in juggling their caring responsibilities with completing their education and training, getting a job and becoming independent adults. They need particular help in identifying the right support as they move from services focused on child carers to those tailored to adults.

What we propose to do

• Work with young carers to design and commission a new young carer’s service/s which reflect the broad range of their needs across the borough.
• Develop a consistent, comprehensive approach to connecting with young carers early on and referring young carers in all schools and young people’s services in Southwark promptly.
• Ensure that the principles set out in our Children & Young People’s Plan are shaping the support for young carers.
• Review young carers’ services during 2013/14 and decide on how adult and children’s services can work together to support young carers when they move from one to the other.
• Work with schools and youth services to raise awareness among staff of how to recognise the needs of young carers.
Shape our strategy

This three year plan will only work if it’s really meeting the needs of carers. The only way we can know if it does if you tell us what you think about it.

We would love to hear your views. To take part in the consultation online go to www.southwark.gov.uk/carersstrategy.

If you would rather have a printed version of consultation, please email: louise.spencer@southwark.gov.uk

If you have any questions about this consultation, please contact Mark Taylor: mark.taylor@southwark.gov.uk or call 0207 525 3513.

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i  Census - 2011
ii  The Carers Trust
iii  Carers Week survey (Carers UK - 2013)
iv  Census - 2011
v  Ibid
vi  Census - 2001 & Carers in Households Survey - 2009-10
vii Ibid
viii Ibid
ix  People aged 65 or over
x  Personal Social Services User Experience Survey of Carers 2012-13
xi  Survey & focus groups of carers in Southwark (Carers UK – 2012), The State of Caring survey (Carers UK – 2010) & In Sickness and in Health survey (Carers UK – 2012)
xii  Carers Week survey (Carers UK - 2013)
xiii  In Poor Health: The Impact of Caring on Health (Carers UK - 2004)
xiv  Wellograms are peer-led assessment and support programmes designed to improve health and wellbeing. Participle is currently exploring the effectiveness of its wellogram model for carers, with the outcomes informing future service design
xv  The Cost of Caring (Carers UK - 2011)
xvi  Carers, Employment & Services in Southwark (Carers UK & University of Leeds - 2007)
xvii  Survey of carers in Southwark (Carers UK - 2012)
xviii  Carers UK briefing (2012)
xix  Census 2011
xx  Carers Missing Millions (Carers UK - 2010)
xxi  Ibid
xxii  Census - 2011
xxiii Ibid
xxiv  Children & Young People’s Plan 2013-16 (Southwark Children & Families Trust – 2013)
xxv  Ofsted inspection of safeguarding and looked after children services in Southwark (July 2012)
xxvi  Southwark & Lambeth Child & Adolescent Mental Health Services Needs Assessment (2013)